

802

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
101							51	
2		/					52	
3	/						53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	12						TOTAL IND.	
TOTAL DEP.	98						TOTAL DEP.	
TOTAL CLAIMS	110						TOTAL CLAIMS	

P 01

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AD FLD		APPLICANT		APPLICANT									
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1	/							51		/			
2		/						52		/			
3		/						53		/			
4		/						54		/			
5		/						55		/			
6		/						56	/	/			
7		/						57		/			
8		/						58		/			
9	/							59		/			
10		/						60		/			
11		/						61		/			
12		/						62		/			
13		/						63		/			
14		/						64		/			
15		/						65	/	/			
16		/						66		/			
17		/						67		/			
18	/							68		/			
19		/						69		/			
20		/						70		/			
21		/						71		/			
22		/						72		/			
23		/						73		/			
24		/						74		/			
25		/						75	/	/			
26		/						76		/			
27	/							77		/			
28		/						78		/			
29		/						79		/			
30		/						80		/			
31		/						81		/			
32		/						82		/			
33		/						83		/			
34		/						84	/	/			
35		/						85		/			
36		/						86		/			
37	/							87		/			
38	/	/						88		/			
39		/						89		/			
40		/						90		/			
41		/						91		/			
42		/						92		/			
43		/						93		/			
44		/						94	/	/			
45		/						95		/			
46	/	/						96		/			
47		/						97		/			
48		/						98		/			
49		/						99		/			
50		/						100		/			
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						